



PTO/SB/17 (06-07)

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FEE TRANSMITTAL For FY 2007		Complete if Known	
		Application Number	10/804,502-Conf. #7682
		Filing Date	March 19, 2004
		First Named Inventor	Mary L. Cunningham
		Examiner Name	D. Khare
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1623
TOTAL AMOUNT OF PAYMENT		(\$)	1,810.00
		Attorney Docket No.	04289-00190-USU

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **03-2775** Deposit Account Name: **Connolly Bove Lodge & Hutz LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00

1801 Request for continued examination (RCE) (see 37 ... 790.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,707
Name (Print/Type)	William E. McShane	Telephone	(302) 658-9141
		Date	July 9, 2007



Application No. (if known): 10/804,502


Attorney Docket No.: 04289-00190-USU

Certificate of Express Mailing Under 37 CFR 1.10

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Typed or printed name of person signing Certificate

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(302) 658-9141
Telephone Number

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Request for Continued Examination Transmittal (1 page)
Information Disclosure Statement (2 pages)
IDS by Applicant (1 page)
Fee Transmittal (1 page)
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